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Connecticut WIC Program Breastfeeding Peer Counseling Implementation Plan- 2016 Update for FY 2017 State Plan

Program Overview:

The Connecticut WIC Program established a hybrid-peer counseling model with support from the USDA WIC Breastfeeding Peer Counseling funding. The two hospital-based WIC peer counseling programs are located in the diverse, urban cities of Hartford and New Haven. The Program also operates WIC clinic-based peer counseling in three local agencies with International Board Certified Lactation Consultants (IBCLC) on staff or contracted to mentor the peer counselors. A State WIC Breastfeeding Peer Counseling Coordinator was hired in April 2016. The candidate was an IBCLC from our WIC-clinic based peer counseling program in Fair Haven. During the end of FY 2016 and the beginning of FY 2017 many changes will occur in the Program to accommodate the implementation of CT-WIC and the automated peer-counseling system (CT-WIC Peer Counseling Module).

The August 16th WIC Peer Counseling Management Training event at the FNS Regional Office in Boston, MA was attended by the following Connecticut representatives:

- State agency WIC Program Director
- State Breastfeeding Co-Coordination,
- State Breastfeeding Peer Counseling Coordinator
- Yale New Haven IBCLC peer mentor
- Optimus CLC and Breastfeeding Coordinator peer mentor
- IBCLC from St. Francis hospital (Currently operates a peer counselling program through a Robert Wood Johnson fund grant.) This program uses the BHP and WIC Loving support Model.

Both the WIC-hospital based and WIC-clinic based models operate using USDA's 10 components to *Loving Support*® *Through Peer Counseling: A Journey Together – For WIC Managers and Loving Support*® *Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors* at their core. Each type of program uses or has adapted protocols originally created by the Hispanic Health Council (HHC) and Hartford Hospital for the program that was established in 1993 with an initial grant award from the Connecticut Department of

Public Health (CT-DPH). The following is a brief history and evolution of Connecticut's peer counseling program as it responds to new research and fluctuations in available resources.

BREASTFEEDING HERITAGE AND PRIDE: HISPANIC HEALTH COUNCIL AND HARTFORD HOSPITAL PROGRAM

The *Breastfeeding, Heritage and Pride* (BHP) breastfeeding peer counseling program was initially funded through a grant received by the CT-DPH Department of Public Health in 1993. It continues to be jointly operated by the Hispanic Health Council and Hartford Hospital. In 2005, using USDA WIC Breastfeeding Peer Counseling funds, CT-DPH entered into a contract with the HHC to expand the BHP program to include two additional full time peer counselors and administrative support. A 2004, CDC-funded, randomized, controlled trial of the BHP (*Arch Pediatr Adolesc Med* 2004; 158:897-902) concluded that peer counselors can significantly improve breastfeeding initiation rates and have an impact on breastfeeding rates at 1 and 3 months post partum.

2016 Update

The 10-hour IBCLC position remained filled through May 2016 with Valerie Bozzi, IBCLC, who also manages the peer counseling program at the Yale New Haven Hospital, Breastfeeding Heritage and Pride (BHP) program. We are in conversations with the both HHC and YNHH about re-filling the 10-hour position at HHC and the potential to increase Ms. Bozzi's hours at the YNHH program to expand peer support services there based on some restructuring that occurred in the third quarter of this year. Our annual fall peer training/retreat was well attended and a success. A copy of the agenda is attached. This retreat allowed both the BHP based and WIC-clinic based peers to have a chance to meet, discuss and refresh and refocus for 2016.

Hartford Hospital (HH), which was the state's first Baby-Friendly hospital, continues to operate the program with one less peer position (this was a HH funded position). Currently, the HHC has all peer positions filled. The Hartford WIC Program, successfully relocated to the HHC location, which has afforded more opportunities for facilitate collaboration and communication. We've attached the most recent quarterly report for convenience.

BREASTFEEDING HERITAGE AND PRIDE: YALE NEW HAVEN HOSPITAL PROGRAM

In 2009, the BHP model of peer counseling was expanded to Yale New Haven Hospital (YNHH). The program was originally established using WIC Nutrition Services and Administration (NSA) funding and was planned to staff one full-time Lactation Specialist, Peer Counseling Coordinator and 2 full-time peer counselors. The program is primarily funded with Connecticut's USDA WIC Breastfeeding Peer Counseling grant and some resources from

YNHH. The program has been successfully integrated into the New Haven WIC Program, Yale site and YNHH structure.

2016 Update

In 2016, the program maintained its peer staffing level. The IBCLC continues to update the new BHP/WIC program manager about WIC peer counseling services and its scope. We are actively involved in discussions to expand the scope of peer counselling services in New Haven due to the recent change at the Fair Haven clinic site. The most recent quarterly report for the YNHH program is attached.

WIC BREASTFEEDING PEER COUNSELING: PROVIDING LOVING SUPPORT FOR BREASTFEEDING SUCCESS

In 2011, the Connecticut WIC Program established a pilot breastfeeding peer counseling program in three (3) WIC local agencies with existing IBCLC's on staff. Planning meetings occurred between October 2010 and January 2011 and the BHP protocol and documentation forms were modified to accommodate the more traditional WIC peer counseling model embedded in a WIC clinic. Connecticut's pilot program, *WIC Peer Counseling: Providing Loving Support for Breastfeeding Success* has been up and running since March 2011. An IBCLC consultant was hired to provide technical assistance to both the State and local agencies and to provide training to WIC peer counselors.

2016 Update

TVCCA's and Fair Haven's peer staffing remained stable in 2016. We were just notified, however that starting in FY 2017, there will be a vacancy at TVCCA. The Bridgeport WIC Program (Optimus) implemented the peer program in 2015 but since the training the original peer and IBCLC moved on. Luckily, due to the planning on the part of the Optimus' management and breastfeeding coordinator the previously trained peer (fall of 2014) was hired and provided refresher training. The program also recruited a private practice IBCLC to mentor the peer and to see triaged cases. Happily, all 4 of 5 peer programs that submitted for the Loving Support Gold Awards and we all received the recognition.

The LATCH study ended in spring of 2016, and a summary of the results will be forwarded in FY 2017. Due to the LATCH study and the CT-WIC implementation the monthly peer counseling calls were used to discuss progress on the study and CT-WIC implementation.

A peer-focused training/retreat is occurred in late September 2015. The State agency is hosting a CT-WIC Peer Counseling Module training for all peer counselors and IBCLC mentors in September 2016.

Challenges and Opportunities:

Due to some setbacks with the peer counseling reports in the new CT-WIC system, we continue to struggle with timely data collection. We are hoping to have by end of calendar year 2016, access to work, quality assurance and outcome reports.

LATCH Study:

The YNHH and HHC BHP programs and the two-current WIC clinic-based Breastfeeding Peer Counseling programs (Fair Haven and TVCCA) participated in the expanded LATCH (**LATCH Lactation Advice thru Texting Can Help**) study. This study was funded through the USDA Center for Collaborative Research on WIC Nutrition Education Innovations at the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine (CNRC WIC Center). It built on the LATCH pilot project and will examine the effectiveness of using texting to provide enhanced support through peer counselors. As indicated, a summary of the results will be shared in early FY 2017. The researchers and two of the local agency staff (Lori Goeschel, IBCLC and Digna Lemus, peer counselor presented on the LATCH findings to a group of policy makers in July 2016 in Alexandria, VA.

GENERAL PROGRAM DESCRIPTION

A description of the Connecticut WIC Program's model, which incorporates the *FNS Model for a Successful Peer Counseling Program*, follows.

1. Appropriate Definition of Peer Counselor

The Connecticut WIC Program's definition of a breastfeeding peer counselor is as follows:

- Paraprofessional (i.e., no academic training in breastfeeding)
- Recruited and hired from target population (ideally, a current or past WIC participant)
- Available to WIC clients outside usual clinic hours and outside the WIC clinic environment
- Breastfeeding experience (ideally, a minimum of 6 months)

2. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level

In April 2016, a new State level position was created to become part of the existing WIC Breastfeeding Unit. The new State Breastfeeding Peer Counseling Coordinator,

Lori Goeschel, will be responsible for contract management and administrative oversight of the 5 peer programs in the state. She has already spent significant time in both of our hospital-based programs to date learning about their internal processes and building the relationship between peers and the co-located WIC programs. With the assistance of the State WIC Breastfeeding Co-Coordination she will be responsible for ensuring that the USDA WIC Breastfeeding Peer Counseling funds are used to expand WIC breastfeeding support services through peer counseling.

Significant changes will be made to BHP Programs in Hartford and New Haven due to the CT-WIC implementation. Continue to work through administration at both HHC/Hartford Hospital and Yale New Haven Hospital. All three WIC-clinic based programs were stable in 2016.

The State Breastfeeding Peer Counseling Coordinator maintains contact with subcontractors Leticia Marulanda (HHC) and Kate Manuel (YNHH) with the regarding the status of the program and quarterly reports are required to document progress. We are piloting quarterly for the WIC clinic-based peer counseling programs. Reports will be updated to reflect CT-WIC and contract language changes in FY 2017.

3. Defined job parameters and job descriptions for peer counselors

- The breastfeeding peer counselors are community women who have experience in successfully breastfeeding a child for a minimum of six months. They are committed to encouraging women to initiate and continue breastfeeding, and supporting those who decide to do so, so that they may have the best chance of success and a positive experience. They are responsible for positive role modeling, providing information, encouragement, and knowledgeable support and in person assistance to pregnant women and breastfeeding mothers.
- Peer counselors provide services through a combination of telephone contacts and home and hospital visits, according to program protocols (see item 6, below).
- Peer counselors also participate in promotional and advocacy activities.
- Peer counselors receive ongoing training and continuing education as described in item 10.

4. Adequate compensation and reimbursement of peer counselors

The BHP peer counselors currently receive approximately \$17.00 per hour. Since its inception in 1993, the BHP Program has tried a number of different options for hiring and compensation. The hiring of full time peers who receive a benefit package and adequate compensation has resulted in the best retention rates and, ultimately, the operation of an efficient and effective program. The WIC-clinic based peers receive \$10.00-\$12.00 per hour and are required to work a minimum of 10 hours per week.

5. Training of appropriate WIC State/local peer counseling management and clinic staff

- WIC clinic-based peers attended the CT-LLL annual Healthcare Provider Seminar in April 2016
- The State agency met as needed with HHC and Yale sub-contractors in 2016. More intense meetings took place with the hiring of the new State WIC Breastfeeding Peer Counseling Coordinator in April-July of 2016.
- LATCH study discussed on monthly peer counseling calls. We have also requested the WIC Breastfeeding Coordinators from the 2 local agencies affiliated with the BHP peer programs participate in the monthly calls.
- Peer counselors provided input on development of CT-WIC peer module including updates to content and context of documentation.
- Peer Retreat completed September 2015 (BHP and WIC clinic-based)
- Peer Counseling Module (CT-WIC) training scheduled September 2016.
- Peer counselors were invited to attend FY 2016 WIC Statewide Meetings to facilitate teambuilding.

6. Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of Agency nutrition education plan.

- **Compensation and reimbursement of peer counselors:** Peer counselors will be compensated at a rate that will promote retention.
- **Training:** Peer counselors will be trained using the "*Loving Support* through Peer Counseling" curriculum as well as the BHP training curriculum.
- **Documentation of client contacts:** All participant contacts, including unsuccessful attempts, will be documented in CT-WIC. Transition to only CT-WIC module will be rolled out between October 2016 and January 2017.
- **Referral protocols:** See specific protocols for referral procedures.
- **Confidentiality:** The Participant Consent form will be read by or to the participant before the initiation of services. Both hospital and WIC-clinic based programs follow WIC confidentiality regulations.

7. Adequate supervision and monitoring of peer counselors On-site Breastfeeding Coordinators or Lactation Consultants

- initial and continued training of peer counselors;
- assignment of referrals;
- regular guidance of patient/ participant care; provision of direct care for complex cases based on program protocols;
- consult as necessary to Program Directors and reporting regularly to Program Directors;
- providing first-line problem solving for peer counselors, and triaging when necessary to program directors and/or medical consultants;

- provision of public education sessions to promote and inform community members about breastfeeding and;
- shared review of program participant charts for accuracy and thoroughness.

8. Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program.

The BHP program model is designed to benefit the community served through a partnership between Hartford Hospital, Hispanic Health Council and the Hartford WIC Program combining the expertise and resources of each institution to provide an integrated breastfeeding peer counselor program. The BHP replication in New Haven also integrates this partnership approach. The YNHH BHP program has its offices co-located with the WIC Program site at Yale New Haven Hospital. In the WIC clinic-based programs, peer counselors have relationships with area birthing facilities and have also worked closely with hospitals involved in the Connecticut Ten Step Collaborative, the continuation of the successful, Connecticut Breastfeeding Initiative (CBI), a CPPW project funded by CDC to assist 10 maternity facilities in Connecticut in Baby-Friendly designation. This summer, YNHH was designated as Baby-Friendly. Additionally, Bacchus hospital in the New London area (TVCCA) is in the Development Phase of the 4-D Pathway (BFHI).

9. Provision of the following to peer counselors:

Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of peer counselor scope of practice

In Hartford and New Haven, both BHP Program Lactation Consultants, and the Hartford Hospital Program Director are IBCLC's. Both program's have access to medical consultants who are available whenever assistance is needed.

Peers are mentored by staff IBCLC's employed by WIC local agencies as Nutritionists in the two (soon to be three again) WIC clinic-based sites. WIC IBCLC's time are partially funded by the peer counseling grant. WIC IBCLC's have access to medical support as needed through their host agencies.

The following BHP Peer Counselor Performance Plan addresses:

- **Regular, systematic contact with supervisor.**
- **Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team**
- **Opportunities to meet regularly with other peer counselors.**

BHP Peer Counselor Performance Plan Goals:
Successfully complete peer counselor training process; pass exam with minimum of 80%; Demonstrate competencies based on supervisor observation
Follow-up on all prenatal referrals within 1 week of assignment; post partum within one day
Home visits provided according to the following protocols: <u>Prenatal</u> : Provide all prenatal clients with minimum of one prenatal visits; <u>Hospital</u> : Provide all post partum clients with minimum of one in-hospital visit, additional visits based on need of participant. <u>Post partum</u> : (minimum of) once within 24 hours of hospital discharge; once within 48 hours of hospital discharge; once within two weeks of hospital discharge; once within six weeks of hospital discharge; provide telephone calls between visits, and additional visits and telephone calls according to need
Content of all visits according to training and protocols provided - based on program forms
Thorough and accurate documentation of all contacts and attempted contacts (see attachments)
Participation in biweekly meetings with program lactation consultant and monthly meetings with program co-director; maintain regular communication with program lactation consultant according to protocol and as needed
Participation in monthly BHP staff meetings for training and coordination activities
Communication regarding clients with hospital clinicians as needed

WIC clinic Peer Counselor Performance Plan Goals:
Successfully complete peer counselor training process; Demonstrate competencies based on supervisor observation
Follow-up on all prenatal referrals within 1 week of assignment; post partum within one day
Content of all visits according to training and protocols is provided based on program forms
Thorough and accurate documentation of all contacts and attempted contacts
Participation in required (weekly) meetings with WIC IBCLC and supervisor as needed; maintain regular communication with IBCLC and other WIC staff according to protocol and as needed
Participation in monthly Peer Counseling training conference calls; prepare and facilitate one call for other peers, IBCLC's and state staff each year
Engage in community outreach per instructed by WIC IBCLC mentor or clinic supervisor to foster continuity of care for peer counseling participants.

The State agency modified the BHP performance plan goals for the WIC clinic-based peer counseling program 2013. They were finalized reviewed with the clinic-based programs in 2014. They will be implemented and evaluated in 2017, after CT-WIC implementation. (We had hoped to have the State WIC Breastfeeding Peer Counseling Coordinator position filled earlier in FY2016 in order to implement and evaluate these performance plan goals. We intend to amend the existing contracts to include this and the CT-WIC language for October 1, 2016. (FY 2017 implementation)

10. Provision of training and continuing education of peer counselors.

- **Peer counselors receive standardized training using “*Loving Support through Peer Counseling*” training curriculum.**
- **Peer counselors receive ongoing training at regularly scheduled meetings.**
 - The BHP peer counselors participate in monthly BHP staff meetings for training and coordination activities. They are expected to participate in any training activities sponsored by the Hartford WIC Program. In New Haven, the Peer Counselor Coordinator/IBCLC continues to update her peers on the Loving Support platform modules. A variety of outside trainings occurred in 2016 including the annual CT La Leche League (LLL) Healthcare Providers’ Seminar.
 - 2016 Trainings include:
 - Peer Retreat- September 2015
 - October 2015 New Peer Training (4 days) Bridgeport
 - Monthly Conference calls to discuss LATCH study progress
 - WIC clinic-based and hospital based peers attended CT-LLL Healthcare Provider Seminar- April 2016
 - Opportunities to attend WIC Statewide Meetings
 - Discussion of LATCH study results (2016)
 - CT-WIC Peer Counseling Module Training- September 2016
 - 2017 Trainings (planned)
 - Peer Retreat- December 2016
 - Monthly Conference calls to discuss CT-WIC Peer Module implementation
 - CT-LLL Healthcare Provider Seminar- April 2017
 - Opportunities to attend WIC Statewide Meetings